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THEODORE FRELINGHUYSEN PREWITT

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THERE are many men whose teachings, beneficent influence, and good example are carried along indefinitely through succeeding generations without proper credit being given to him who deserves it. So it might be with the name of Theodore F. Prewitt. His writings would make a considerable number of large volumes if they were compiled in such form. He wrote no textbooks but his teachings will undoubtedly bear fruit for many years, because his pupils and assistants are widely distributed throughout this midwestern territory. They are practicing and teaching and so are disseminating that knowledge which they have learned from their chief and master.

Theodore Prewitt was the son of Joel and Mary Trimble Prewitt. He was born in rural Missouri at Fayette in Howard County on March 1, 1832. By the death of his father, who left a family of eleven children, this schoolboy was thrown upon his own resources at the early age of 14. It is said that he was employed for a time as a blacksmith's helper. This may explain the reason for the tremendous development of the muscles of his arms and shoulders which gave him the ability to exert that great amount of force which, in addition to his acquired skill, attracted attention whenever he reduced fractures and dislocations, some of which had defied the attempts of others to reduce them. By perseverance and industrious application he acquired as good an education as was possible to obtain at a Missouri country side, and this enabled him to teach school for a number of years. He entered St. Louis Medical College and graduated in 1856. He married Miss Mary Ingram of Virginia during the senior year of his medical course and at once began the practice of medicine at Utica, Missouri.

Upon the death of his wife in 1862, he came to St. Louis, entered into practice, and soon became identified with medical education, teaching dermatology at the original St. Louis College of Physicians and Surgeons. Later he became demonstrator in anatomy and assistant to the chair of surgery at the Missouri Medical College. In 1871 he was married to Miss Mary Sowers, who still survives, and in that year he was appointed superintendent of the St. Louis City Hospital. Three years later he resigned this position to continue his surgical

studies at the European medical centers. Upon his return from abroad, he accepted the chair of principles and practice of surgery at the Missouri Medical College and later was for several years dean of this institution. After the consolidation with the St. Louis Medical College in 1899 to form the Medical School of Washington University he continued in this same professorship. Only when his advancing age and failing health prevented it during the last 2 years of his life, did he fail to lecture regularly. This disability was due to arteriosclerosis and several light strokes of apoplexy. He recovered fairly well from the resulting hemiplegia but finally succumbed to a severe cerebral hæmorrhage on October 17, 1904.

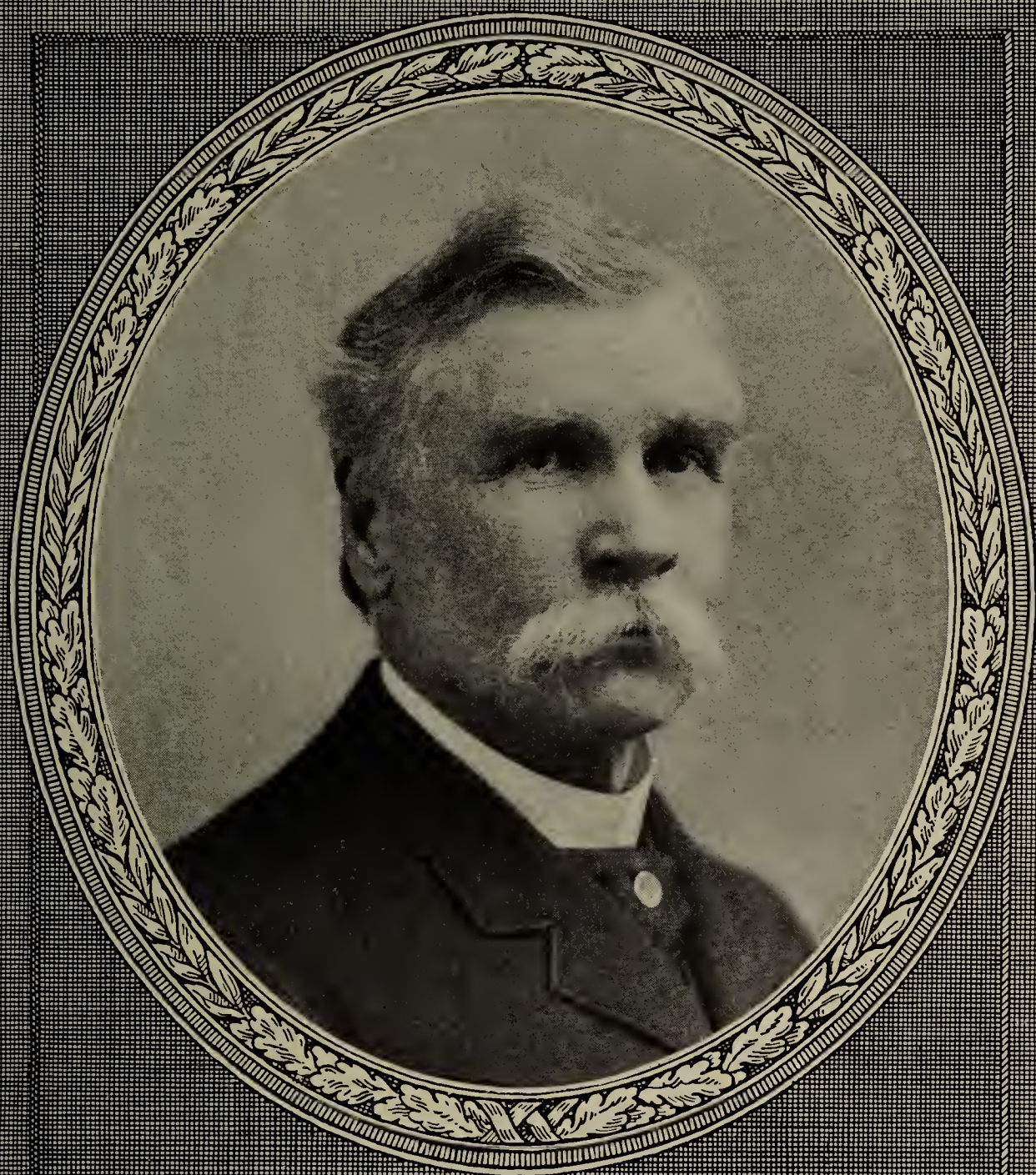
For a quarter of a century he was chief surgeon to St. John's Hospital and director of St. John's Surgical Clinic. It was here that his most important work was accomplished and that material gathered which he presented at his frequent appearances before medical and surgical societies, the meetings of which he attended with great regularity.

Besides other offices held by him at various times, he was president of the following organizations: St. Louis Medical Society (1876), Missouri State Medical Association (1897), St. Louis Surgical Society, American Surgical Association (1900), and the St. Louis Obstetrical Society. He was also a Fellow of the American Medical Association and of the Philadelphia Academy of Surgery.

“Be not the first by whom the new is tried,
Nor yet the last to cast the old aside.”

This rule he frequently quoted and always kept in mind. Thus he made himself exceptionally useful in the application of accepted methods. But this motto did not lessen his eagerness to learn the latest innovations and he never hesitated to apply any procedure which seemed practical in the light of scientific reasoning. Living and working as he did, in a period of great progress in medicine and surgery, he saw these developments at close range and utilized the new discoveries as promptly as their worth was recognized.

When in the year 1893, the daily press announced the discovery of the X-rays by Professor Roentgen, Dr. Prewitt immediately appreciated their great value in the field of surgery. With the intention of using these rays in his practice he forthwith consulted Prof. Charles O. Curtman and several others who were familiar with induction coils and Crookes' tubes. The apparatus of that day was too small and weak to give practical results. So he could not apply this new discovery as soon as he wanted it. The matter was dropped for a short time, only to be taken up again when a more powerful coil and larger tubes had been invented and manufactured. During this period Dr. Prewitt manifested an extraordinary spirit of impatience and anxiety which he never entirely lost. He left this world before the X-rays could be properly controlled and their application established as a distinct branch of medical practice.



THEODORE F. PREWITT
1832-1904

I am able to give only a vague idea of his clear and logical reasoning which was usually followed by definite and positive conclusions; nor can the proper comprehension of the remarkable diagnostic genius of this man be drawn from any account that I might picture to those who did not at some time or other have the privilege of daily contact with him. In those pre-X-ray days he astounded those associated with him when he recognized by exclusion of other possibilities, a small osteosarcoma which grew from the glenoid process of the scapula and when he proved his contention by a subsequent surgical procedure.

At another time he made a diagnosis of ectopic pregnancy twice in the same fallopian tube. This was long before blood cell counts were a daily routine. At its first occurrence he strongly urged operation. The woman persistently refused but recovered after a fairly long period of illness. A few years later he found the same condition in the same fallopian tube. This time he was again certain, obtained her consent by pleading with the patient, and verified his diagnosis at operation. The specimen showed the recent rent with the usual extravasation of blood and also the cicatrized site of the earlier rupture in that same tube. May these two illustrations suffice to show the extraordinary diagnostic ability which came only from many years of study and observation coupled with an innate fitness for this work! Such a combination is seldom found.

His resourcefulness was another outstanding and characteristic trait. I will narrate but one occurrence to illustrate this. A woman had suffered great loss of blood at an uncompleted abdominal operation attempted by another surgeon. She was nearly exsanguinated. Blood transfusion was not done in those days. Not even the apparatus for infusion of salt solution was at hand. With a Davidson bulb syringe (the forerunner and predecessor of the fountain syringe), Dr. Prewitt pumped enough sterile normal saline solution into the woman's veins so that she recovered. A small nozzle had been scraped to make it still smaller so that it could be introduced into the opened vein. This patient was later successfully operated on for the then existing uterine fibroid.

Probably the only semblance of a hobby was his fondness for the works of William Shakespeare. He must have devoted considerable time to this study because he quoted from them whenever occasion offered the opportunity. It has been said that he was able to continue almost any quotation begun by others.

Professor Prewitt's most brilliant work was done in the clinical amphitheatre, which institution is now fast becoming extinct. There he repeated to the students those methods of diagnosis of which he was master, and which endeared him so with the large classes of medical students of that day. While other surgeons of his time were satisfied with a simple amputation of the breast for carcinoma, he dissected out the axillary and subclavian glands. Thus he anticipated the radical operation as it was developed afterward. His percentage of

permanent cures was correspondingly greater than that of his less radical contemporaries.

Brilliantly daring were his dissections of the neck for tuberculous glands or malignant disease, and plastic surgery had a particular attraction for him. In all of his operations he showed a disregard for speed and spectacular show. His aim was toward thoroughness and ultimate results.

The published writings of this great teacher are many and varied. They cover a large part of the field of general surgery and sometimes they invade the other branches of medicine. But they give only fair idea of his great courage and determination which were always evident to those who had the advantage of being associated with him in his work.

It can be readily imagined that such a man would soon feel the need of a medical library, and therefore he started the movement to organize a medical library in connection with the St. Louis Medical Society and headed a committee appointed for that purpose as early as July 1, 1865. They reported on September 30 of that year and the adoption of this report established the first public medical library west of the Mississippi River. It was housed for a long period of time in the Public Library but later formed the nucleus of that great collection which now is again known as the Library of the St. Louis Medical Society. If any St. Louisan has contributed more to the advancement of medicine and surgery in the city of St. Louis than did Professor Prewitt, the records fail to reveal it. For over 40 years he continually served the profession and the public with all his energy. Not even when his carriage, drawn by the team of roan horses, took him on his rounds did he rest his ever active mind. There were always several books and periodicals on the seat beside him in this vehicle. He read the newer literature but did not neglect the textbooks with which he constantly refreshed his memory. Never was he unprepared when he entered the lecture room.

The surgery of today is not the surgery of the past generation. Laboratory methods and newer developments of many kinds have brought about an unprecedented progress. However, it is to be regretted that there is throughout it all an evident neglect of that patient bedside study and wide range of medical knowledge which broadened the viewpoint, and produced those masters whose memory is so dear to us. Any list of these pioneers will be incomplete without the name of T. F. Prewitt.

